

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 579 555

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	IND.	↓	IND.	↓	IND.	↓
TOTAL	DEP.	14 ←	DEP.	←	DEP.	←
TOTAL	CLAIMS	15				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
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TOTAL	IND.	↓	IND.	↓	IND.	↓
TOTAL	DEP.	←	DEP.	←	DEP.	←
TOTAL	CLAIMS					